

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 78803.06501																		
Application Number: 10/582,426		Filed: 8 June 2006																		
For: AN IMPROVED FEED MECHANISM FOR A MEDICAL DEVICE																				
Art Unit: 3767	Examiner: Bhisma Mehta																			
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table> <thead> <tr> <th></th> <th style="text-align: center;"><u>Fee</u></th> <th style="text-align: center;"><u>Small Entity Fee</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$130</td> <td style="text-align: center;">\$65</td> </tr> <tr> <td><input type="checkbox"/> Two month (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$490</td> <td style="text-align: center;">\$245</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three month (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1110</td> <td style="text-align: center;">\$555</td> </tr> <tr> <td><input type="checkbox"/> Four month (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1730</td> <td style="text-align: center;">\$865</td> </tr> <tr> <td><input type="checkbox"/> Five month (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2350</td> <td style="text-align: center;">\$1175</td> </tr> </tbody> </table> <p> <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1943. </p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038</p> <p>I am the <input type="checkbox"/> applicant / inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/95). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>27,223</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____</p> <hr/> <p style="text-align: center; margin-left: 100px;">_____ /Charles N Quinn/ Signature</p> <p style="text-align: right; margin-right: 100px;">_____ 5 October 2009 Date</p> <hr/> <p style="text-align: center; margin-left: 100px;">_____ Charles N. Quinn Typed or printed name</p> <p style="text-align: right; margin-right: 100px;">_____ (610) 458-4984 Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>				<u>Fee</u>	<u>Small Entity Fee</u>	<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	<input type="checkbox"/> Two month (37 CFR 1.17(a)(2))	\$490	\$245	<input checked="" type="checkbox"/> Three month (37 CFR 1.17(a)(3))	\$1110	\$555	<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))	\$1730	\$865	<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))	\$2350	\$1175
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